## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

10/542132

| CLAIMS AS FILED - PART I  (Column 1) (Column 2) |  |   |                               |                                   |  |                                |     | SMALL ENTITY TYPE   |                        | OR | OTHER THAN OR SMALL ENTITY |                        |  |
|---|--|---|-------------------------------|-----------------------------------|--|--------------------------------|-----|---------------------|------------------------|----|----------------------------|------------------------|--|
| U.S. NATIONAL STAGE FEES                        |  |   | Tulion)                       | (Column 1)                        |  | (Column 2)                     |     | RATE                | FEE                    | 7  | RATE                       | FEE                    |  |
| BAS   | SIC FEE  | <del></del>                               | SMALL EN                      | T. = \$ 150                       | LAR                                    | GE ENT. = \$ 300               | 1   | BASIC FEE           | 1                      | OR | BASIC FEE                  | <del> </del>           |  |
| EX/   | AMINATION F                                    | EE  | Satisfies PCT (4) = \$ 5      |                                   | All other situations = \$ 100 / \$ 200 |                                | 1   | EXAM. FEE           |                        |    | EXAM. FEE                  | 300<br>200             |  |
| SEARCH FEE                                      |  |   | U.S. is ISA =<br>ALL other of | \$ 50 / \$ 100<br>ountries =      | All ot                                 | ther situations = 250 / \$ 500 |     | SEARCH FEE          |                        |    | SEARCH FEE                 | 400                    |  |
| FEE FOR EXTRA SPEC. PGS.                        |  |   | minus 100 =                   |                                   |  | / 50 =                         | 1   | X \$ 125 =          |                        | 1  | X \$ 250 =                 | <u> </u>               |  |
| тот   | TAL CHARGEA                                    | BLE CLAIMS                                | // minus 20 =                 |                                   |  | -                              |     | X \$ 25 =           |                        | OR | X \$ 50 =                  | i                      |  |
| IND   | EPENDENT CI                                    | LAIMS                                     |                               |                                   |  | <u> </u>                       |     | X \$ 100 =          |                        | OR | X \$ 200 =                 | · .                    |  |
| MUL   | TIPLE DEPEN                                    | IDENT CLAIM PR                            | ESENT                         |                                   |  |                                |     | +/\$ 180 =          |                        | OR | + \$ 360 =                 |                        |  |
| * If  | the difference                                 | e in column 1 is                          | ess than zero, enter "0" in o |                                   |  | lumn 2                         |     | TOTAL               |                        | OR | TOTAL                      | 900                    |  |
|   | CLAIMS AS AMENDED - PART II                    |   |                               |                                   |  |                                | , , | SMALL E             |                        | OR | OTHER<br>SMALL E           | NTITY                  |  |
| AMENDMENT A                                     |  | REMAINING<br>AFTER<br>AMENDMENT           |                               | NUMI<br>PREVIO<br>PAID            | BER<br>DUSLY                           | PRESENT<br>EXTRA               |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                         | **                                |  | =                              |     | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |  |
|   | Independent                                    | •   | Minus                         | ***                               |  | =                              |     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                               |                                   |  |                                |     | + \$ 180 =          |                        | OR | + \$ 360 =                 | •                      |  |
|   |  |   |                               |                                   |  |                                | _   | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |  |
|   |  | (Column 1)                                |                               | (Colum                            | nn 2)                                  | (Column 3)                     |     |                     |                        |    |                            |                        |  |
| 윒   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                               | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY                            | PRESENT<br>EXTRA               |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                         | **                                |  | =                              |     | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |  |
|   | Independent                                    | *   | Minus                         | ***                               |  | =                              |     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                               |                                   |  |                                |     | + \$ 180 =          | •                      | OR | + \$ 360 =                 |                        |  |
| -   |  |   |                               |                                   |  |                                | 1   | FEE                 |                        | OR | TOTAL ADDIT.<br>FEE        |                        |  |
| •   |  | mn 1 is less than the                     |                               |                                   |  | _                              |     |                     |                        |    |                            |                        |  |

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.